EXHIBIT 25

UNITED STATES DISTRICT COURT

FOR THE NORTHERN DISTRICT OF OHIO

EASTERN DIVISION

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IN RE: NATIONAL PRESCRIPTION OPIATE LITIGATION	MDL No. 2804
	Case No. 1:17-MD-2804
THIS DOCUMENT RELATES TO ALL CASES	Hon. Dan A. Polster

- - -

Tuesday, November 27, 2018

HIGHLY CONFIDENTIAL - SUBJECT TO FURTHER CONFIDENTIALITY REVIEW

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Videotaped deposition of Eric Brantley, held at the Durham Hotel, 315 East Chapel Hill Street, Durham, North Carolina, commencing at 9:01 a.m., on the above date, before Karen Kidwell, Registered Merit Reporter and Notary Public.

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yourself received identical ingredient limit reports from the various distribution centers of Cardinal Health?

A. The distribution centers generate their report. Someone there reviewed the report. The report was sent to the DEA from the distribution center, and then I reviewed the reports along with members of the team.

Q. So the ingredient limit reports that you would be reviewing, DEA would have that full report; is that fair?

A. Yes.

MR. PAPANTONIO: Objection. Form. Leading.

BY MR. PYSER:

Q. Do you know whether anyone at DEA also received ingredient limit reports?

A. The ingredient limit reports were sent to the DEA on a monthly basis.

Q. You talked a little bit about site visits and additional work you did beyond just reviewing the ingredient limit reports. It -- were there times when you made decisions as a result of site visits?

A. Yes. If -- if during a site visit it was deemed that they were doing, for instance,

Internet -- they were associated with an Internet pharmacy, then I would make a recommendation to discontinue business with that -- or discontinue controlled substance shipments with that pharmacy and then report that pharmacy to Kyle Wright at the DEA.

Q. And to your knowledge, when you made a decision to discontinue business with a pharmacy, did Cardinal Health follow that recommendation?

A. Yes.

Q. And when you reported a pharmacy to the DEA, who did you send that information to?

A. I sent the -- an e-mail to Kyle Wright at DEA headquarters.

Q. Who -- who is Kyle Wright?

A. I don't remember his exact title, but I believe he may have been over the e-commerce section. But he was where registrants submitted such reports to the DEA.

Q. Was it your understanding that the purpose of sending ingredient limit reports to DEA was to comply with the DEA regulations for suspicious-order reporting?

A. Yes.

Q. So why did you conduct site visits and investigations of customers on top of the ingredient

limit reports?

A. That was over and above the requirement. The requirement was to report the suspicious orders, and then based on the report I saw, I would actually go out and investigate the pharmacies to actually report those pharmacies to the DEA as well, in addition to orders.

Q. Let's take a look at a document.

I'm showing you a document that's been marked Exhibit 34 in this deposition. It's a new exhibit.

(Cardinal-Brantley 34 was marked for identification.)

BY MR. PYSER:

Q. Just so we can see it, I'll put it in front of Exhibit 34, up on the Elmo.

What is Exhibit 34?

A. This is the Cardinal Health DEA compliance manual.

Q. And if you look at the -- the table of contents, does it cover several different areas of DEA compliance? It's a thick document, a couple hundred pages.

A. Yes.

Q. And if you look at Section 7 of the DEA

compliance manual, is that section titled "Required Reports to DEA"?

A. Section 7?

Q. If you turn to Bates page ending 898 --

A. Oh, yes.

Q. -- of the table of contents.

A. I see it. I see it.

Q. So let's go together to Section 7.

And I'll give you the Bates number, which is going to be the number in the bottom right corner. It's going to be Bates ending 937.

And to your recollection, was this DEA compliance manual in effect during the time that you worked at Cardinal Health?

A. Yes.

Q. Okay. And specifically during the time period 2005 through '07 or '08, when you were working the anti-diversion area?

A. Yes.

Q. So if you look at Section 7-1, the required reports to DEA, the first report mentioned is ARCOS.

Can you tell me what an ARCOS report is?

A. Yes. The ARCOS report is -- is a report of all movement of ARCOS-reportable controlled

substances, the Schedule II controlled substances, all movement. Those reports were sent to the DEA every month.

Q. So it's a report received by DEA about every movement of every controlled substance; is that a fair kind of shorthand for ARCOS?

A. Yes, of all the ARCOS reportable controlled substances, yes.

Q. Now, if you -- were there any other reports that went to DEA?

A. Yes. The ARCOS report, the biannual report, there was end-of-year inventory taken, the ingredient limit reports every month.

Q. Pausing on the ARCOS reports for a minute, in a situation where a hospital or a pharmacy ordered controlled substances from more than one distributor, would the distributors necessarily know that that hospital or that pharmacy received controlled substances from multiple sources?

MR. PAPANTONIO: Objection to form. Speculation as to what they would know.

BY MR. PYSER:

Q. You can answer the question.

A. No.

Q. When you were at Cardinal Health, were you

aware of what distributions a hospital or a pharmacy might have received from other distributors, not Cardinal Health?

A. No.

Q. To your knowledge, were ARCOS reports submitted by all distributors?

A. Yes. All registrants.

Q. So in your understanding, by looking at ARCOS reports, would DEA be able to see the full picture of what a particular hospital or pharmacy received from all distributors?

MR. PAPANTONIO: Objection as to form. Speculating on what -- what DEA might know.

THE WITNESS: Yes, the DEA through the ARCOS data has visibility into all transactions of controlled substances from all registrants.

BY MR. PYSER:

Q. Let me ask it a -- a slightly different way, in response to the objection.

What's your understanding of what ARCOS contains when you put together all of the ARCOS submissions from all the distributors?

MR. PAPANTONIO: Objection as to form.

THE WITNESS: It would have data from all of the DEA registrants; for instance, the

wholesalers and all of the purchases and the shipments of those controlled substances to other DEA registrants. The complete picture. You could see all of the drugs that a pharmacy, for instance, was purchasing from every source and all of the sales from the wholesaler to pharmacies. It was a complete picture of all the transactions of those controlled substances.

BY MR. PYSER:

Q. Just to be clear, did Cardinal Health have access to that information?

A. No.

Q. Did DEA have access to that?

A. Yes.

Q. Turning the page to 7-3, there's a section titled "Suspicious Orders."

Do you see that?

A. Yes.

Q. And under it is listed 21 CFR 1301.74(b). Do you see that?

A. Yes.

Q. What is that, 21 CFR 1301.74(b)?

A. That's the regulation for suspicious orders. It's -- states that registrant is responsible for implementing, designing a -- a system

to identify suspicious orders and report those to the DEA. And further goes on to say that a suspicious order is an order of unusual size, frequency, that deviates substantially from a normal order pattern.

Q. And Cardinal Health has a description of -- underneath, in its compliance manual, of -- strike that.

In the compliance manual for Cardinal Health, under "Suspicious Orders," can you read the first sentence?

A. "Wholesalers are" -- are you meaning the first sentence under "Suspicious Orders"?

Q. Correct, yes.

A. "Wholesalers are responsible for designing and operating a system that would disclose to the wholesaler suspicious orders."

Q. Did Cardinal Health have such a system in 2005, when you began your work in anti-diversion?

A. Yes.

Q. When you came into your role in 2005, was that system already up and running?

A. Yes.

Q. In fact, if you look at the date of this document, in the bottom left, you see that it's April 5th, 2000?

A. Yes.

Q. The next bold heading is "Establishing Suspicious Order Criteria."

Do you see that?

A. Yes.

Q. And if you turn the page to page 7-4, you see at the top of that page, it states, quote: "Complying with 21 CFR 1301.74(b) is a two-step process"?

A. Yes.

Q. Can you describe for me in your own words what the two-step process that's discussed in Cardinal Health's compliance manual are?

A. Yes. The ingredient limit reports that are done are sent to the DEA every month, as well as the cage vault personnel had the ability to identify anything that they deemed to be suspicious and reported that as well.

Q. The -- the first description in the manual says, "First, each Cardinal division submits to DEA on a monthly basis an ingredient limit report, Exhibit M."

I'd like to direct your attention to Exhibit M in this document, which is Bates page ending 4157, if you turn there with me.

Is this an example of an ingredient limit report?

A. Yes.

Q. It's a little bit hard to read on the screen, but if you could help us out a little bit, can you tell us what's in this document; what's in this report that's sent to DEA?

A. This is a report of the customers, along with the date -- date of the transactions and the drug, and the amount in -- in grams, what was ordered of that controlled substance for the month. And it lists what the ingredient limit was and what the total was for that drug.

Q. Zooming in a little bit here, it gives the customer name at the top, you mentioned, correct?

A. Yes.

Q. And then it provides the ingredient you mentioned, right?

A. Yes.

Q. And then it speaks to specific orders underneath, and those are sent to the DEA, right?

A. Yes.

Q. And then all the way on the right side of the page gives some additional information, a customer total and ingredient limit.

Can you explain for us what those are?

A. Yes. The ingredient limit is the -- the limit that was calculated using a formula received from DEA, and then the customer total is what that customer ordered that month.

Q. I recognize this is just an example from Cardinal Health's compliance manual, but was similar information provided in each ingredient limit report sent to the DEA during the time you were reviewing ingredient limit reports?

A. Yes.

Q. You can go back to page 7-4. And 7-4, after it discusses Exhibit M, goes on to state: "This report is based on a computer program which monitors controlled substance purchases for a month and compares these purchases to predetermined averages or limits, and if a customer's purchase quantities exceed the established parameters, the customer's activity is printed on the report."

Is this an accurate description of the ingredient limit report as you understood it?

A. Yes.

Q. Fair description of how it worked during your time?

A. Yes.

Q. And these parameters that are used for the computer program, the established parameters that are discussed, where did they come from?

A. They came from DEA.

Q. A little bit further down, it discusses the second piece of Cardinal Health's two-step process to comply with 1301.74(b).

And can you read for me in the next paragraph the sentence beginning "Second"?

A. "Second, on a daily basis, cage and vault personnel should be policing and identifying individual orders that appear excessive in relation to what other customers are buying and/or the customer's purchase history."

Q. All right.

A. Read the entire paragraph, or just that?

Q. That's good.

A. Okay.

Q. Earlier in the day, when you were being asked questions by plaintiff's counsel, they played you a video of someone by the name of Mr. Baranski talking about pickers and packers.

Do you recall that?

A. I do.

Q. In your experience, are there pickers and

packers in Cardinal facilities for items other than controlled substances?

A. Yes. So there are pickers and packers in the general warehouse, and then there are separate pickers and packers in the controlled substance cage, and then separate packers in the vault -- separate pickers and packers in a vault.

Q. Is it true that the vast majority of products that Cardinal ships have nothing to do with controlled substances or opioids?

A. That is correct.

Q. In your experience, the folks who get selected to work in the cage area or the vault area, where Cardinal Health stores opioid medications, are they the best of the best of Cardinal's warehouse employees?

A. Yes. They are the crème de la crème, as I call them. The -- the best ones are selected to work in the cage and vault area.

Q. So in your experience, would a reference to pickers and packers just putting things in totes, would that necessarily apply to cage and vault employees, or would that be something different?

A. No, the cage and vault pick process was -- was different. There were other -- there were

additional checks and balances on picking orders in the -- the cage and vault. It was -- it was different than how it was done in the general warehouse.

Q. In the event that through this second process, someone in the distribution center identified an issue, whose responsibility was it to alert DEA of such an issue?

A. That person would notify their supervisor, and then someone at the division would notify DEA of the suspicious order.

Q. So -- so would that potentially come straight from a distribution center, not necessarily through corporate?

A. That would come straight from the distribution center.

Q. Have you ever heard of the DEA's Internet pharmacy initiative?

A. Yes.

Q. Okay. What is it?

A. It's guidance that they issued in relation to identifying potential suspicious orders through Internet pharmacies.

Q. And who asked you to undertake the Internet pharmacy initiative?

A. My boss, Steve Reardon.
Q. What was Mr. Reardon's role at Cardinal Health?
A. At the time, I believe he was director of quality and regulatory affairs.
Q. And we're in kind of the 2005-2006 time frame, right?
A. Yes.
Q. Do you know Mr. Reardon's background before he came to work at Cardinal Health as director of quality and regulatory affairs?
A. I actually believe he was a police officer.
Q. Do you know where he was a police officer?
A. I believe the Boston area.
Q. As part of the Internet pharmacy initiative, what -- what did you do to help comply with the Internet pharmacy initiative?
A. My role was, in addition to the distribution centers submitting the report to DEA every month, I would also review the reports, and I would identify pharmacies that would need further investigation, and I would conduct an investigation and a site visit. And based on those findings, I would recommend -- make a recommendation to

discontinue shipment of controlled substances to those pharmacies and report those pharmacies to the DEA.

Q. I'd like to direct your attention to an exhibit you looked at earlier; it should be right in front of you. It's marked as Brantley Exhibit 4.

Do you have that one?

A. Yes.

Q. And this was a settlement release agreement and administrative memorandum of agreement.

Do you remember discussing that document earlier today?

A. Yes.

Q. Is it true that on the first page of Exhibit 4, it states that Cardinal has 27 separate distribution facilities?

A. Yes.

Q. And are the distribution facilities -- generally; I know there's some unique ones -- but generally speaking, do the distribution facilities cover particular geographic areas?

A. Yes.

Q. To your knowledge, was there ever a suspension order of any of the facilities that shipped to the Northern Ohio area?

A. No.

Q. A little bit more on Exhibit 4. You spent a fair bit of time talking about allegations that the DEA -- the DEA had made.

To your knowledge, did DEA ever prove its allegations?

A. No.

Q. In fact, there -- there was a piece that was skipped over earlier when you were discussing this document with counsel. On page 2, there's a section that counsel for the Plaintiffs didn't read that begins, "No admission or concession."

Do you see that section?

A. Yes.

Q. And does it say: "This agreement is neither an admission by Cardinal of liability or of the veracity of any allegation made by DEA in the orders to show cause."

See that?

A. Yes.

Q. Did I read it correctly?

A. Yes.

Q. Is that consistent with your understanding of this document?

A. Yes.

Q. I believe you also have in front of you Exhibit 8.

Do you see Exhibit 8?

A. Yes.

Q. Okay. And is this document from January of 2005? Correct?

A. Yes.

Q. Okay. You were asked whether you recognize some of the names in that exhibit.

Do you recall that?

A. Yes.

Q. And the Plaintiffs pointed out some criticisms or critiques that were part of the audit in Exhibit 8.

Do you recall that?

A. Yes.

Q. And those were related to the -- the QRA department, fair?

A. Yes.

Q. Okay. Is the QRA department broader than just anti-diversion work?

A. Yes.

Q. Do you have any reason to believe that the document that counsel spent time talking to you about has anything at all to do with anti-diversion work

related to opioids?

A. No.

Q. You were also asked some questions about an e-mail -- this is Exhibit 12 now; do you have Exhibit 12 in front of you?

A. Yes.

Q. And Exhibit 12 was an e-mail from Mark Mitchell.

Do you recall this document now?

A. Yes.

Q. And this e-mail was not to you, was it?

A. No.

Q. In the copy you were given, it has no response from Steve Reardon to Exhibit 12, does it?

A. No.

Q. Exhibit 12 has statements from Mark Mitchell about his knowledge of whether Cardinal Health monitors purchases from hospitals or pharmacies.

Do you recall that?

A. Yes.

Q. You were asked questions about Mr. Mitchell's understanding. Is Mr. Mitchell the author of this e-mail in Exhibit 12?

Is he part of the QRA or anti-diversion

team?

A. No.

Q. Was Mr. Mitchell's understanding of how Cardinal Health monitored possible diversion correct?

MR. PAPANTONIO: Objection as to what Mr. Mitchell -- form. Just form. Just object to form. Let you figure it out.

THE WITNESS: No.

MR. PAPANTONIO: Objection as to form.

BY MR. PYSER:

Q. Do you recall counsel for the Plaintiffs asking you questions in which Mr. Mitchell made statements about Cardinal Health's process for anti-diversion steps?

A. Yes.

Q. Do you believe Mr. Mitchell's understanding of how Cardinal Health monitored for possible diversion and took anti-diversion steps is correct?

MR. PAPANTONIO: Objection to form. Objection to form.

THE WITNESS: No.

BY MR. PYSER:

Q. What do you think is wrong about Mr. Mitchell's understanding in Exhibit 12?

MR. PAPANTONIO: Objection as to form.

THE WITNESS: We had a system in place.

BY MR. PYSER:

Q. Let me rephrase that question.

What do you disagree with from the statements Mr. Mitchell makes in the e-mail at Exhibit 12?

A. I disagree with the statement that he made that we do not monitor what they purchase or -- or track.

Q. Why do you disagree with that?

A. Because we monitor purchases of all of our -- all of our customers.

Q. Is it the case that every entity that receives any controlled substance from Cardinal Health has to have a DEA license?

MR. PAPANTONIO: Objection as to form.

THE WITNESS: Yes.

BY MR. PYSER:

Q. Does Cardinal Health ship to anyone who does not have a DEA license?

A. Not a controlled substance, no.

Q. When Plaintiffs' counsel was asking you questions, they asked whether Cardinal Health distributed to drug cartels.

To your knowledge, has Cardinal Health ever distributed to a drug cartel?

A. No.

Q. I believe you also have in front of you Exhibit 13, which talks about a facility assessment in Birmingham, Alabama.

You recall that document?

A. Yes.

Q. This was an e-mail that I believe you received, along with others, about this facility assessment in Birmingham.

Did this document, when you reviewed it, cover all of the different parts of anti-diversion reporting within Cardinal Health?

A. No.

Q. So, for example, did it cover Cardinal Health's corporate anti-diversion work?

A. No.

Q. So is it fair to say that in addition to whatever activity was happening at local distribution centers, there was also other work being done at the corporate level by people like yourself?

MR. PAPANTONIO: Objection as to form.

THE WITNESS: Yes.

BY MR. PYSER:

Q. What other work was being done for Cardinal Health -- rephrase the question.

What other work was being done for Cardinal Health beyond the work that was being done just at the distribution centers like the Birmingham, Alabama, site?

A. I was reviewing the ingredient limit reports, and I was conducting site visits and investigations and reporting those customers to the DEA.

Q. Were there times when you reported a customer to DEA because you believed they might be involved in Internet pharmacy activity?

A. Yes.

Q. And what did Cardinal Health do when it came to believe that a customer might be involved in Internet activity?

A. We discontinued shipments of controlled substances to that customer and reported that customer to the DEA.

Q. You were asked earlier today questions about Exhibit 6.

Do you have Exhibit 6 in front of you?

A. Yes.

Q. And in particular, you were asked about an e-mail in Exhibit 6 from Steve Reardon, on which you were one of the recipients.

You see that e-mail from August 30th, 2005?

It's on the second page of the document. It's the bottom e-mail.

A. Yes.

Q. Okay. So we've got an August 30th, 2005, e-mail from Steve Reardon. And in it, Mr. Reardon states: "Your excessive purchase report should be reviewed to see if you have customers that are purchasing over 3,000 dosage units of phentermine or 5,000 dosage units of hydrocodone a month."

Do you see that language?

A. Yes.

Q. I just want to be clear about the reports that we're talking about. These excessive purchase reports that are referenced here, of having more than 3,000 or 5,000 dosage units, are those reports that would have already been sent to the DEA?

MR. PAPANTONIO: Objection as to form.

THE WITNESS: Yes.

BY MR. PYSER:

Q. Who else would have received, in addition

to yourself, these reports that are referenced at 3,000 dosage units or 5,000 dosage units, to your knowledge?

A. They were received at the distribution level at the distribution centers, as well as my team at -- at corporate as well as the DEA.

Q. So in its normal practice, would Cardinal Health have reported all of these orders that are referenced here to the DEA?

MR. PAPANTONIO: Objection. Form.

THE WITNESS: Yes.

BY MR. PYSER:

Q. Were there ever times when you personally had to call a customer and tell them they would no longer be eligible to receive controlled substances from Cardinal Health?

A. Yes.

Q. To the extent that you can remember now, ten years later, can you describe a little bit about those phone calls?

A. I don't remember the exact --

MR. PAPANTONIO: Objection. Hearsay.

THE WITNESS: I don't remember the exact details, but they would be -- I would call the customer and let them know that they were being

shut off from receiving controlled substances.
BY MR. PYSER:
Q. And when you made those calls, were the pharmacists sometimes angry with you?
MR. PAPANTONIO: Objection. Hearsay.
THE WITNESS: Yes.
BY MR. PYSER:
Q. Why? Did they tell you?
A. Because they would not be --
MR. PAPANTONIO: Objection. Hearsay.
THE WITNESS: Because they would not be receiving controlled substances from Cardinal Health any longer.
BY MR. PYSER:
Q. And these pharmacies that we're talking about that Cardinal Health was refusing to ship to, do you know, typically, did they still have a valid DEA license?
A. Yes.
Q. In addition to your work in anti-diversion, did you also do training of other Cardinal Health employees?
A. Yes.
Q. Can you tell me a little bit about what types of training you did?

A. I did training with members of senior management, and I did training with the sales force, and I did training with members of my team.

Q. And just generally speaking, what was the subject matter that you would train other people at Cardinal Health on?

A. On our Internet or anti-diversion policy.

Q. And were those policies, talking about the 2005, '6, '7 time period, were those policies during that time period consistent with what you understood DEA wanted?

MR. PAPANTONIO: Objection as to what DEA wanted. Form.

THE WITNESS: Yes.

BY MR. PYSER:

Q. Were the policies that Cardinal Health had back in 2006 consistent with the guidance that you received from DEA?

A. Yes.

Q. How did you come to the conclusion that Cardinal's policies back in this time period were consistent with the guidance you received from DEA?

A. Kyle Wright with DEA told us.

MR. PAPANTONIO: Objection. Move to strike. Hearsay, what they told this witness.

BY MR. PYSER:

Q. What did Mr. Wright tell you about Cardinal Health's policies?

MR. PAPANTONIO: Objection as to form about anything Mr. Wright told this witness. Hearsay.

THE WITNESS: He said --

BY MR. PYSER:

Q. You can answer.

A. He said that we're doing the right things, and we're going in the right directions, and that we had a -- a good program.

MR. PAPANTONIO: Objection. Move to strike. Just rank hearsay.

BY MR. PYSER:

Q. Did you have a -- a strong working relationship with Mr. Wright in DEA?

A. Yes.

Q. Did Kyle Wright from DEA ever tell you that Cardinal Health's anti-diversion program was deficient in any way?

MR. PAPANTONIO: Objection as to form. Anything Mr. Wright told this witness, hearsay.

MR. PYSER: Counsel, you can object to form and keep it at that.

MR. PAPANTONIO: Okay. Form. I'll let you figure it out for yourself. Okay.

THE WITNESS: No.

BY MR. PYSER:

Q. Did Mr. Wright ever tell you that Cardinal Health's suspicious -- strike that.

Did you receive any suggestions or critiques from DEA, from Mr. Wright in particular, on Cardinal Health's system?

A. No.

Q. If back in 2006 or '7, Mr. Wright or someone else at DEA had offered suggestions to Cardinal Health on its suspicious-order monitoring or reporting system, what would you have done?

A. We would have --

MR. PAPANTONIO: Objection. Speculation. Speculation as to what was offered and what his reaction would be.

BY MR. PYSER:

Q. You can answer.

A. We would have implemented those suggestions.

Q. I'm showing you a document entitled Exhibit 35.

(Cardinal-Brantley 35 was marked for